



Standard Operating Procedure
Bureau of Land and Water Quality
Attachment B
Date: April 20, 2006
Doc num: DEPLW0768

DRAFT Visual Monitoring Form

Facility Name	Sampler's Name																																																																																											
Facility Address	MSGP Permit Number																																																																																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">OUTFALL NUMBER</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>OBSERVATION TIME</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>EST. TIME FROM ONSET OF RUNOFF</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DISCHARGE TYPE Rain or Snowmelt</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>COLOR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ODOR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CLARITY</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>FLOATING SOLIDS*</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SETTLED SOLIDS*</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SUSPENDED SOLIDS*</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>FOAM</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>OIL SHEEN</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Probable source of any observed contamination</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		OUTFALL NUMBER							OBSERVATION TIME							EST. TIME FROM ONSET OF RUNOFF							DISCHARGE TYPE Rain or Snowmelt							COLOR							ODOR							CLARITY							FLOATING SOLIDS*							SETTLED SOLIDS*							SUSPENDED SOLIDS*							FOAM							OIL SHEEN							Probable source of any observed contamination						
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<p>*Enter description of these criteria in the general comments section for each outfall on the back of this page.</p> <p>Sampler's Signature _____ Date _____</p>																																																																																												



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General Comments

In the comments section, enter physical description of floating, settled, and suspended solids for each outfall sampled. Enter general comments on the condition and appearance of each outfall in the comments section also as indicated in the instructions.	
Outfall 1	<u>Comments:</u> _____ _____ _____ _____ _____ _____
Outfall 2	<u>Comments:</u> _____ _____ _____ _____ _____ _____
Outfall 3	<u>Comments:</u> _____ _____ _____ _____ _____ _____
Outfall 4	<u>Comments:</u> _____ _____ _____ _____ _____ _____
Outfall 5	<u>Comments:</u> _____ _____ _____ _____ _____ _____
Outfall 6	<u>Comments:</u> _____ _____ _____ _____ _____ _____



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